

INSTRUCTIONS: Complete and submit annually to Validator. Retain form as evidence of continuing education for five-year recertification.

Name Last, First, Middle						
Mailing Address Street, City, State, Zip			Certification Expiration Date <i>Month and</i> Year Only			
I. CONTIN	IUING EDUCATION ACTIVITY L	IST				
Provider and Title of Program	Inclusive Dates	Category (A, B, or C)	No. of Contact Hours	For Con	npletion by Validated No	Validator Pending
Total Contact Hours			0.00			
	II. SIGNATURE					
I HEREBY CERTIFY that the information provided has been visually Signature of Validator	alidated as shown and is true and	d correct to the	e best of my		ge. ite <i>Mo./Da</i> y	ı/Yr.
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